

Recreation Registration Form

Cottage Grove Parks & Recreation Department

*Return form with legible handwriting and including payment to :
225 Bonnie Rd., Cottage Grove, WI 53527*

Parent/Guardian Name (**Print**) _____ Home Phone _____

Street Address _____ Cell Phone _____

City and Zip _____ Work Phone _____

E-mail address (used only to inform of Village recreational activities)_____

[illegible]

Total Program Fees: \$

I would like to volunteer as Coach _____ (HEAD or ASSISTANT) Coaches Shirt Size _____
Name circle one

LATE FEES: Registration is not guaranteed after program deadlines. A \$10 late fee will be added to all late registrations.

Release of Liability/Photo Release

I understand that the above activities I have registered for may have an element of hazard or inherent danger and I take full responsibility for my actions and/or the actions of my children. I agree to hold harmless the Village of Cottage Grove, its employees, and contractual instructors from any and all liability, loss, cost or expense that I may incur while participating in any of the above programs. I hereby give consent for emergency medical treatment in the event it is needed. In addition, I give my permission to have my photo and/or my child's photo taken during the above events for the purpose of publicity.

Signature (must be over 18): _____ Date: _____

Concussion Awareness Waiver—WI Act 172

I have reviewed Cottage Grove Park and Recreation's Concussion Awareness Information and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program until such time a trained medical professional can examine them and approve their return to play, pursuant to Wisconsin Act 172 relating to concussions and other head injuries. In such case, I understand I am to provide written clearance from a trained medical professional for my player to return to the activity for the Village of Cottage Grove. I have read and fully understand the statement regarding concussions.

Signature (must be over 18): _____ Date: _____

Make checks payable to Village of Cottage Grove

No confirmation for programs is sent without a self-addressed, stamped envelope.

Office Use Only

Cash _____ Check # _____ Amount Received \$ _____ Date Received _____ Received by: _____